

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/073,933
	Filing Date	02-14-2002
	First Named Inventor	Pangan Ting
	Art Unit	2617
	Examiner Name	PEREZ, JULIO R
	Attorney Docket Number	681954.0039

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 24728

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 24728

**OR**

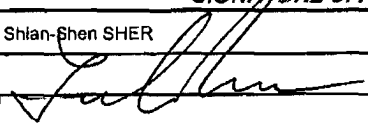
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Shian-Shen SHER		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of \_\_\_\_\_ forms are submitted.

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